

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004447

1. Entity Name

LIFE & LIGHT MINISTRIES, INC.

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90044 020 ****61.25

905130



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7405 PINEMOUNT DRIVE
ORLANDO FL 32819
US

7405 PINEMOUNT DRIVE
ORLANDO FL 32819
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, RAJU K
7405 PINEMOUNT DR
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME THOMAS, RAJU K
STREET ADDRESS 7405 PINEMOUNT DR
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME MATTHEW, JOHNSON
STREET ADDRESS 3527 BROOK MYRA DR
CITY-ST-ZIP ORLANDO FL 32837

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME GEORGE, SAM
STREET ADDRESS 831 LITTLE HAMPTON LANE
CITY-ST-ZIP ORLANDO FL 34734

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

407 352 3784

CR2E037 (9/01)